



THE UNIVERSITY *of* EDINBURGH

Edinburgh Research Explorer

## Clinical Psychology Training in the UK: Towards the Attainment of Competence

**Citation for published version:**

Laidlaw, K & Gillanders, D 2011, 'Clinical Psychology Training in the UK: Towards the Attainment of Competence', *Australian psychologist*, vol. 46, no. 2, pp. 146-150. <https://doi.org/10.1111/j.1742-9544.2011.00035.x>

**Digital Object Identifier (DOI):**

[10.1111/j.1742-9544.2011.00035.x](https://doi.org/10.1111/j.1742-9544.2011.00035.x)

**Link:**

[Link to publication record in Edinburgh Research Explorer](#)

**Document Version:**

Peer reviewed version

**Published In:**

*Australian psychologist*

**Publisher Rights Statement:**

© Laidlaw, K., & Gillanders, D. (2011). Clinical Psychology Training in the UK: Towards the Attainment of Competence. *Australian psychologist*, 46(2), 146-150. [10.1111/j.1742-9544.2011.00035.x](https://doi.org/10.1111/j.1742-9544.2011.00035.x)

**General rights**

Copyright for the publications made accessible via the Edinburgh Research Explorer is retained by the author(s) and / or other copyright owners and it is a condition of accessing these publications that users recognise and abide by the legal requirements associated with these rights.

**Take down policy**

The University of Edinburgh has made every reasonable effort to ensure that Edinburgh Research Explorer content complies with UK legislation. If you believe that the public display of this file breaches copyright please contact [openaccess@ed.ac.uk](mailto:openaccess@ed.ac.uk) providing details, and we will remove access to the work immediately and investigate your claim.



# Clinical psychology training in the UK: Towards the attainment of competence

Ken Laidlaw, PhD & David Gillanders, DClinPsy

University of Edinburgh

Clinical Psychology

School of Health in Social Science

Teviot Place

Edinburgh

EH8 9AG

Contact: [klaidlaw@ed.ac.uk](mailto:klaidlaw@ed.ac.uk)

## **Abstract**

This paper provides a brief overview of clinical psychology training requirements from the UK perspective. Over recent years UK clinical psychology training requirements have focused on the development of competency based models. In Edinburgh the 'standard' model of training has been supplemented with a 'specialist' training route and this is described here. The changes to accreditation as a clinical psychologist following the advent of the Health Professions Council (HPC) in the UK are also briefly discussed. What follows is also an opinion piece on how training programmes must position themselves and their graduates so as to enhance the success of the profession in a period of financial constraints.

## Introduction

The profession of Clinical Psychology training in the UK has been in existence since shortly after the setting up of the National Health Service (NHS) in 1948. More recent years have seen a number of changes in training of clinical psychologists in the UK, developing into a more standardized model of training in clinical psychology that culminated in the mid-1990s with doctoral level qualifications in Clinical Psychology becoming the norm. From the mid-1990s, the profession moved towards competency based models of training. In the UK, clinical psychology is a professional doctoral level training that prior to the onset of the Health Professions Council (HPC) was rigorously-regulated and accredited by the Division of Clinical Psychology of the British Psychological Society according to strict quality assurance procedures (BPS, 2008).

For prospective students wishing to train as a clinical psychologist, one must have first obtained an undergraduate degree at level of 2.1 and above, and then obtained relevant practical experience either in applied research or in an applied professional setting as an assistant psychologist before entry onto a postgraduate professional programme in clinical psychology. In the UK applying to clinical psychology training is centralized through a 'clearing house' and all applicants access courses through a central website. Competition for places is fierce among graduates with only one in five applicants successful in obtaining a postgraduate professional psychology training place in 2010 according to data released by the clearing house (<http://www.leeds.ac.uk/chpccp/BasicNumbers.html>). For the September 2010 intake in the UK, there were 2969 applicants for 617 places at 29 programmes nationwide. There are two Programmes in Scotland, one in South Wales, one in Northern Ireland

and the rest in England. As applicants can apply to up to four programmes simultaneously, there were 11,319 applications for entry in 2010.

Places on programmes are all funded through the National Health Service (NHS) and students are simultaneously employees of the NHS and registered as postgraduate students. The NHS pays programme fees for each successful applicant, and the students are also paid a salary while they train. Such a model affords a high degree of control over the quality assurance of training delivery. Standards are high as befits such a small but highly selected professional group.

All professional postgraduate training programmes in clinical psychology in the UK are of three years duration except for here in Edinburgh (of which, more later). All courses operate academic and clinical training simultaneously. Students must demonstrate academic, clinical and research competence. Academic and research competence are more straightforward to assess using the traditional means of examination and course work, such as case studies, small-scale research projects or audits and essays.

A variation on the PhD model is employed within the professional doctorate training in clinical psychology to assess applied research competence. Each student must complete a doctoral thesis that is examined by viva voce examination. The doctoral thesis must make an original contribution within the field of clinical psychology and show doctoral level scholarship in terms of a critique of a substantial body of literature, as well as the design, conduct, analysis and discussion of original research work.

Clinical competence is a key attribute and is largely measured and evaluated through observation of the development of skills in situ. Most usually, clinical competence is evidenced through clinical placements where students are supervised

while working with a range of client groups across a range of clinical settings. Minimum criteria are outlined in advance of the completion of clinical placement and clinical tutors visit students on placement to discuss the achievement of competence with the student and their individual supervisors. The competences in the delivery of clinical psychology are observed and assessed by experienced clinicians and trainers in clinical psychology. In Scotland, the training of supervisors is being implemented nationally.

Training in most instances takes account of a development trajectory for each individual student. This can be a very demanding model of training as the student is required to integrate the different demands placed upon them as students, healthcare professionals and scientist-practitioner applied researchers. In most cases students already possess the basic building blocks of competence gained from an undergraduate degree in psychology and relevant clinical experience in a practice-based setting.

#### Competency based training

While professional postgraduate training in clinical psychology in the UK is standardized in terms of length, breadth and depth of training, individual variation is still encouraged and supported. Nonetheless, all trainers are invested in the development and the assessment of competence in clinical psychology. Courses perform an important gatekeeping function in ensuring that clinical psychologists are competent to practice with some of the most vulnerable members of our society. As such a number of Programmes have adopted different approaches to developing competence. The Committee for the Scrutiny of Individual Clinical Qualifications (2006) developed a short document outlining the core competences for clinical psychology. This document organizes competences in such a way that training

programmes can index these skills and how these can be obtained. For illustrative purposes, competences outlined by the Committee for the Scrutiny of Individual Clinical Qualifications used as the basis for learning outcomes of training in the University of Edinburgh/NHS Scotland programme specification are shown in table one.

\*\*\*INSERT TABLE ONE HERE\*\*\*

When looking at Table One it should be evident that assessing and measuring competence in clinical psychology is quite a challenge. Clinical psychologists work in a range of settings and with a range of client groups and as such there are broad competences required but also more specific competences required for each speciality area. In the UK most of the Division of Clinical Psychology faculties of the BPS provide good practice guidelines for the training and delivery of services for specific populations (e.g. DCP-PSIGE, 2006). Thus development of competence that combines knowledge, skills, practice and values continues to be the dominant mode of training delivery in the UK.

#### The Edinburgh specialist route to training in Clinical Psychology

The “Specialist” model of training (SMT) in Clinical Psychology developed in Edinburgh came about because of a substantial shortfall in the number of applied psychologists essential for the health of the nation of Scotland. Support and funding for this new model of clinical training came from NHS Education for Scotland (NES). As a result of its inception the number of training places available substantially increased. In 2002 prior to the existence of the new model of training the total cohort of students at Edinburgh was 52 whereas by 2008 it had risen to 132 (Murray & Laidlaw, 2008).

The main difference between the more traditional model of training in clinical psychology and the SMT is that the SMT can be either four or five years in length and the students' NHS employment is managed at a more local level. Students undertake the same clinical placements as three-year trainees, but they do these for two days per week over the course of one year, rather than 4 days per week for six months. During the days that trainees are not 'on placement' they are hosted within one service for the duration of their training, to provide a service contribution at a level commensurate with their stage of training. Overall, the SMT retains the same ratio of supervised experience, self-directed study and academic teaching for the total time spent in training as the three-year programme.

As a result of the development of the SMT, a 'curriculum map' is developed for each student on the programme. The 'Individual Training and Development Plan' (ITDP) sets out the order of clinical placements over the lifetime of the student's training. The ITDP is a development\_ training plan that ensures theoretical knowledge/teaching is synchronized with practice experience on placements. Thus our students ordinarily are expected to complete teaching/learning before they start a placement. For example, what this means is that a student will gain knowledge about psychology and aging and working with older people before gaining clinical experience with this population group. Regardless of the duration of student enrolment within the programme (e.g. four or five years), the total time spent in training remains three years. The first year of the SMT is identical to the first year of the standard three-year programme in terms of academic and clinical competence placement requirements.

In terms of the development of competences, it is arguable that the SMT affords some advantages in that students are more integrated in specialist clinical

teams as they provide an on-going service contribution rather than completing shorter-term training placements. Thus the students are well placed to build knowledge of a specialist area and develop experience of longer term working with clients, as well as developing advanced competences around discharge planning and consultative working. Currently the SMT is undergoing review as the landscape of the NHS in Scotland continues to change.

#### Current Accreditation Criteria; HPC and clinical psychology

Since July 2009 (see HPC, 2009a), the profession of Clinical Psychology has been brought under statutory regulation in United Kingdom law. The operation of this regulation is via the Health Professions Council (HPC). The HPC has recently produced documents that set out standards of proficiency for practitioner psychologists (HPC, 2009a) and standards for the education and training that are essential to ensure students on clinical training programmes meet standards of proficiency (HPC, 2009b). While both documents are important for clinical psychology training these are not uniquely developed for this professional group alone.

The British Psychological Society retains a key accreditation role with training providers, but now does this in partnership with the HPC. This 'Accreditation through Partnership' (BPS, 2010) outlines the distinct responsibilities of the BPS and the HPC towards Clinical Psychology Programmes. In summary, the BPS sets out detailed accreditation criteria according to what should be trained, experiences that should be provided for trainees, and best practice in relation to the teaching and training of clinical psychology. The HPC, on the other hand, approves these processes, the procedures for monitoring and quality assuring them and by satisfying both organisation's requirements, graduates from UK Programmes are eligible for



Chartered Clinical psychologist status and to use the legally protected title of 'Clinical Psychologist'.

### New Developments

In relation to the training and assessment of clinical competencies, various training programmes in the United Kingdom are trialling new forms of assessment. Our own training programmes in Scotland have for instance, trialled a form of structured observation of trainees' clinical skills in situ, using an observable competence checklist. Other programmes are investigating the use of actors to observe trainees performance within simulated clinical scenarios. Such methods have the advantage that they can be tightly controlled and standardized. In addition, videotaping can provide a further means of delivering structured feedback to the learner.

On completion of training, Clinical Psychologists are well equipped in terms of competence, knowledge and experience in the application of psychological principles with a range of clients and across different settings. While these qualities have ensured high levels of employment for our graduates, perhaps the profession needs to review how it can best position itself to enhance the health of the nation. Currently accreditation for programmes encourage students to develop competence in the delivery of at least two evidence-based psychological therapies. This is a good aim for the profession as graduates from training programmes ought to be skilled at delivery as well as clinical governance in the delivery of psychological therapies. Clinical psychologists must position themselves at a higher level than direct work with individuals. Direct clinical work ought not to be primary activity for such highly trained individuals. Graduates of clinical psychology training programmes must provide clear evidence of working as skilled and sophisticated scientist-practitioners.

The generation of research and research publications and of knowledge exchange activities based upon research are good forms of such evidence. If, as a profession, we focus only on the direct therapeutic role, we risk becoming very expensive in the organisations that employ us.

Most graduates of Clinical Psychology programmes in Scotland gain employment within the National Health Service (NHS) where psychology services are free at the point of delivery. A primary focus for clinical psychology training has always been to equip practitioners to develop competence in improving the psychological health of individuals, either through direct or indirect means, but now with financial constraints for funding of services, care needs reshaping. As a result, programmes need to consider how to help practitioners develop competences to meet the challenges of delivering psychological health for the nation. To that end, psychology programmes need to consider how they may develop engagement with clinical psychology practitioners in ensuring that continuing professional development (CPD) activities will be consistent with incoming standards (HPC, 2009a) for practitioners fit for purpose in an uncertain future. To ensure that psychology can be an increasingly available resource for the nation's health, clinical psychology programmes need to ensure that students are exposed to more in-depth training in leadership theory and practice and how this can be applied to health service delivery, team working and clinical governance. This is already indexed in Clinical Psychology accreditation (BPS, 2008) criteria, but perhaps there needs to be an explicit recognition that as a professional group we need to accord this activity higher priority in our training programmes. Leadership from psychology requires that consultancy working occurs at multiple levels, from the highest possible such as

engaging with government agencies in the formation and delivery of policy, to health board levels to ensure that psychology practitioners are identified as key partners in the delivery of improved public health and to individual teams in appreciating the psychological needs of each person treated by the NHS. Failure to engage in leadership in the NHS will leave us looking increasingly as an expensive form of therapist. In reality, clinical psychologists have an enormous amount they can contribute at all levels of the organisations that employ them. The profession can stride forward into the future with confidence in the assertion that our contribution and identity go beyond the delivery of psychological therapies to the delivery of the psychological health of nations.

### Summary

The British model of clinical psychology training is well developed and highly regulated. The profession of clinical psychology is respected in the UK, it is a popular choice amongst undergraduates and demand for clinical training outstrips supply. Within society, the impact of psychology is seen in the involvement of clinical psychologists in the development of government policy. For such a small profession, there is disproportionate impact. Over recent years there has been an increasing focus on training competence in practice and an increasing focus on how best to assess this. Individual approaches to achievement of competence within clinical psychology is possible within the requirements and the “Specialist’ model of training developed in Edinburgh provides an interesting way of increasing the skill set of students who become more integrated within a specialist area. With the advent of statutory regulation of the profession of clinical psychology through the HPC (HPC, 2009; BPS, 2010) this ensures that quality assurance procedures remain everyone’s business and partnership models for accreditation now emphasise quality enhancement.

Programmes continue to innovate and explore increasingly evidence-based means of assessing competence.

It is fair to say that research in this area lags behind educational practice and that standardized tools for assessment of competence, as well as empirically based procedures and protocols for ensuring the development of competence are yet some way off. Our evidence base for training clinical therapeutic behaviours is significantly less well developed than our evidence base for the therapies that we train, which for a profession of applied scientists is perhaps surprising. Despite the high level of regulation and accreditation in the UK, there remains a diversity of approaches to training, which likely contributes to the lack of standardized procedures and assessments. Flexibility of approach and recognition of diversity are some of the important strengths of UK Clinical Psychology training.

#### References

- British Psychological Society (2010) *Accreditation through partnership: Differences between existing accreditation arrangements and accreditation through partnership*. Leicester: The British Psychological Society.
- Committee on Training in Clinical Psychology (2008) *Criteria for the Accreditation of Postgraduate Training Programmes in Clinical Psychology*. Leicester: The British Psychological Society.
- Committee for the Scrutiny of Individual Clinical Qualifications (2006) *Core Competences – Clinical Psychology – A Guide*. Leicester: The British Psychological Society.
- Division of Clinical Psychology: PSIGE – Psychology Specialists Working with Older People (2006) *Good Practice Guidelines for UK Clinical Psychology Training Providers for the Training and Consolidation of Clinical Practice in Relation to Older People*. Leicester: The British Psychological Society.
- Health Professions Council (2009a) *Standards of Proficiency: Practitioner Psychologists*. London: HPC.

Health Professions Council (2009b) *Standards of Education and Training for Practitioner Psychologists*. London: HPC.

Murray, L. & Laidlaw, K., on behalf of the DClinPsychol. Programme Team (2008) Developing a new model of training for Clinical Psychology: The flexible training programme at University of Edinburgh/NHS Scotland. Poster presented at GTiCP Annual Meeting, University of Liverpool, UK, 10-12 November 2008.

Table 1: Identifying competence in Clinical Psychology Practice

<i>1. Knowledge and Understanding</i>	
i.	Understand contemporary psychological theories and the application of the scientific knowledge base in clinical psychology to underpin clinical and research practice
ii.	Integrate prior knowledge in novel situations, enhancing their professional ability to think critically, creatively, and reflectively; and to evaluate the impact of planned psychological interventions
iii.	Develop, conduct and evaluate research, that is both ethical and of clinical relevance within the NHS and other settings
iv.	Apply <i>appropriate</i> assessment procedures, develop <i>appropriate</i> formulations, and carry out <i>appropriate</i> interventions with clients, recognizing and observing appropriate professional boundaries and standards of competence, and conducting appropriate appraisal of the impact of such procedures in service delivery systems, using highly developed self-reflective skills
v.	Understand the importance of fostering productive and therapeutic working alliances with clients, while maintaining awareness of the wider social setting of interventions, and balancing the needs of clients and service delivery systems
vi.	Understand the range of service delivery models available for interventions at individual, group and systemic levels with a variety of client groups
vii.	Understand consultancy models and the importance of consultancy as an advance practice skill
<i>2. Subject Specific Competence</i>	
i.	Obtain, summarise and synthesise clinical and research material from a range of appropriate sources
ii.	Demonstrate skills in the psychological assessment and theoretically based formulation of clinical cases
iii.	Critically evaluate psychological theories and models as they are applied in clinical psychology practice and research
iv.	Demonstrate understanding in the application of theoretically based treatment in regards to clinical cases
v.	Consider and appraise the relative benefits of different models and approaches in clinical practice and research
vi.	Critically evaluate conceptual and methodological issues and debates in clinical psychology practice and applied research
vii.	Work in collaboration with others to conduct and report research to test theories of psychological problems and evaluate interventions
viii.	Work independently when conducting and reporting research in a number of applied areas in clinical psychology
ix.	Demonstrate competence in the selection and implementation of appropriate methodological designs for the evaluation of efficacious and effective interventions in practice
x.	Demonstrate competence in the process of clinical effectiveness and audit
xi.	Demonstrate competence in the planning and execution of clinically applied research
<i>3. Transferrable Skills</i>	
i.	Demonstrate the ability to apply the breadth of psychological science in practice, synthesising and apply theory in practice across disciplinary boundaries.
ii.	Use the knowledge base of psychological science to assess, formulate and develop psychological interventions.
iii.	Use transferable knowledge, skills and values from prior experience and apply these in novel situations.
iv.	Use scientific principles of critical evaluation and analytical thinking to apply theories in practice to develop interventions for a range of client groups and service needs
v.	Demonstrate competence in conducting analyses of problems, while considering a range of possible solutions
vi.	Demonstrate the ability to interact and work effectively with a range of health professionals in multi-disciplinary settings
vii.	Demonstrate competence in written communication skills across placements,

---

understanding the need to consider the needs of different consumers of psychological reports, letters and research outputs.

---

#### *4. Personal and Professional Skills*

---

- i. Develop awareness of the impact of diversity and difference when working with a range of clients and in a range of services.
  - ii. Understand their responsibilities towards clients they come in contact with. Trainees will understand the need to remain cognisant of the ethical demands in practice and remain bound by the BPS code of conduct.
  - iii. Develop an awareness of the inherent power imbalance between practitioners and recipients of their care and minimise the potential for the abuse of this power imbalance.
  - iv. Know the professional responsibilities of working within the limits of one's competence and the duty to seek supervision as appropriate.
  - v. Know the importance of continuing professional development with respect to the duty of care to clients, carers and within systems.
  - vi. Know their responsibility for managing personal learning needs and maintaining strategies for developing these. In addition trainees will understand how to use supervision and feedback as a way of reflecting upon personal learning needs.
  - vii. Know that they have a personal responsibility to develop strategies to minimise the emotional and physical impact of practice and where necessary seeking appropriate support and supervision.
  - viii. Know they have a duty and responsibility to maintain collaborative working arrangements with colleagues, fellow psychologists and service users.
- 

#### *5. Communication skills*

---

- i. Understand the need to develop skills in effective communication with colleagues from other health professions. Providing psychological information in a manner appropriate to the needs of the audience
  - ii. Demonstrate good communication and teaching skills for the purpose of presenting clinical and non-clinical psychological information, at an individual, group and delivery system level
  - iii. Develop competence in the delivery of information to people with a wide range and levels of ability. Taking account of the needs of learners and participants in any training as well as respecting the needs of others to benefit from a variety of teaching methods. Trainees will understand that clarity of communication is essential in ethical practice in research such that any participant in research has a right to a full understanding of the extent of their involvement and their rights within the research relationship.
  - iv. Understand the need for clarity and precision in communication within supervision.
  - v. Develop skills, knowledge and values that will equip them to function as an effective member of multi-disciplinary teams.
  - vi. Understand change processes in organisations and service delivery systems that are likely to come into contact with as part of their practice.
  - vii. Apply transferable knowledge, skills and values when working at the level of organisations.
  - viii. Develop understandings of the need for consultancy in practice and when working at a consultative level will be fully cognisant of the boundaries of competence when providing advice and consultation.
- 

Source: Abridged from the University of Edinburgh/NHS (Scotland) Clinical Psychology Training Programme Specification (2007).